STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 18 2017

PLEASE PRINT

TITO I	LEASE PRINT			NEW HAMPOURS
I. Name of Lobbyist(s	LAR	RY ALAN		NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's	partnership, firm	or corporation, if any:		
NATIONWIDE (Name	MUTUAL LAZ e of partnership, firm of	SURANCE CONTR or corporation)	any and Affi	<u>UATES</u>
	558	STORRS	CT	(Zip Code)
Business Address: (Str	eet)	(Town/City)	(State)	()
(Telephone)	5/	66 231-2150 (Fax)	e-mail_alani(a nationwide, com
		- file separate reports fo re not attributable to an		ay file a separate report for
X All reportable trans	actions occurring in	the months prior to the re	eporting date relative to the	e following client:
NATIONWIDE	MUTUAL LYS (Full Name of Client	as it appears on the Lobbyis	PANY AUG AFFI at Registration Form)	LIATES
OR ☐ All reportable transaunrelated to any particu		st (including the lobbyist	's family), or the lobbying	g firm listed below which are
IV. Date of Report Reports cover: activit	April 26, 2017 🔀		July 26, 2017	
4	October 25, 2017 activity from 7/1/17 to		January 31, 2018 <i>ctivity from 10/1/17 to 12/31</i> .	/17
			nsactions made since t cretary of State's Office, S	
VI. Check if additions				
			ddendum A- Fees and E	
☐ If you have paid an Expense Reimbursement		bursed expenses, you mu	ist file Addendum B – Re	port of Honorariums or
☐ If you, your firm, o	or your family has m	ade political contribution	s, you must file Addendu	m C Political Contributions
Sworn Statement/Affi I have read RSA 15, RS and complete to the bes (Signature of lobbyist)	SA 15-B, RSA 14-C st of my knowledge a	and RSA 664 and hereby	swear or affirm that the f	Foregoing information is true 2017 (e)
(Print Name of lobbyis	st)			

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) LARRY ALAW	
II. Name of lobbyist's partnership, firm or corporation, if any:	
NATIONWIDE MUTUAL LUSURANCE COMPANY O	ud Affiliates
III. Name of Client NATIONWIDE MUTUAL INS. Co & AFFILIA	18 Date APRIL 13, 2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a)\$1,312.
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$
c) Total of all fees received to date (Add lines a and b)	0)8 1,312.
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid epenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for the of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b)\$
c) Total of all itemized expenditures reported in detail in section VI.	c)\$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	<i>D</i> ,
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	0.
f) Total of all expenses year to date	f) \$	0,
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during	g this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoi	ng information
(Signature of lobbyist)	April 1 (Date)	3, 2017
(Print Name of lobbyist)		